

WITS – Admission Form

Admission:

1. Client Name _____
2. Gender **M** **F**
3. D.O.B ____/____/____
4. SSN _____ - _____ - _____
5. Consent Decree? **YES** _____ **NO** _____
6. Ethnicity _____
7. Race _____
8. Veteran Status **YES** _____ **NO** _____ **UNKNOWN** _____
9. Intake Staff Name _____
10. County of residence _____
11. Source of referral (see table below) _____
12. Initial Contact Date ____/____/____ (first phone call)
13. Intake Date ____/____/____ (first face to face)
14. Pregnant? **YES** _____ **NO** _____ If yes, Due Date ____/____/____
15. HIV Positive? **YES** _____ **NO** _____ **UNKNOWN** _____
16. Hep C? **YES** _____ **NO** _____
17. Injection drug user? **YES** _____ **NO** _____ If yes, shared needles? **YES** _____ **NO** _____
18. Problem Area: **Substance Abuse** _____ **Evaluation** _____ **Affected Other** _____
19. Admission type **Admission** _____ **Shelter/Detox** _____
20. Admission Staff _____
21. Admission Date ____/____/____ (date of first treatment)
22. Affected/Co-Dependent? **YES** _____ **NO** _____
23. # of Prior SA TX Admissions _____
24. # of Prior MH TX Admissions in Past 12 Mo _____
25. # of Prior MH Hospitalizations in Past 2 Years _____
26. # Medical Tx at Physician/Clinic in Past 12 Mo _____
27. # Hospital Emergency Room Admissions in Past 12 Mo _____
28. # Medical Hospital Inpatient Admission in Past 12 Mo _____
29. # Other Medical Tx Locations Admission in Past 12 Mo _____
30. MH/MR Diagnosis **NONE** _____ **DIAGNOSED MH DISORDER** _____ **MENTAL RETARDATION** _____
UNKNOWN _____

31. Education _____ (highest grade completed or degree)
32. Domestic Violence Survivor? **YES** _____ **NO** _____
33. # of time the client has attended a self-help program (past 30 days): _____ (see back)
34. In your lifetime, how many times have you gambled (bet) with money or possessions? _____
35. If yes to 26, has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life? **YES** _____ **NO** _____
36. Employment Status _____
37. Primary Income Source: _____
38. Expected Payment Source: _____
39. Insurance Type _____
40. Living Arrangements _____ # of people living with client _____
41. Marital Status: _____
42. # of dependents **0-12(mos)** _____ **13-35(mos)** _____ **3-5(yrs)** _____ **6-12(yrs)** _____ **13-17(yrs)** _____
43. Where are the children while the client was in treatment? (Custodial question) _____
44. Primary Substance: _____ Frequency _____ Method _____ Detailed Drug Code _____
45. Secondary: _____ Frequency _____ Method _____ Detailed Drug Code _____
46. Tertiary: _____ Frequency _____ Method _____ Detailed Drug Code _____
47. At what age did the client FIRST use the substance indicated? Primary _____ Secondary _____ Tertiary _____
48. Medication Assisted Treatment? **YES** _____ **NO** _____ **UNKNOWN** _____
49. Does client currently use tobacco? **YES** _____ **NO** _____ If Yes, Age at first use? _____ How often used in past 30 days _____ Route of Administration _____
50. Legal Status _____
51. Domestic Violence Offender **YES** _____ **NO** _____
52. # of arrests in past 12 months _____
53. # of arrests in past 30 days _____
54. # of OUI arrests in past 12 months _____
55. Will client use Tx/Evaluation to satisfy DEEP requirements? **YES** _____ **NO** _____ **Affected/Other** _____ If yes, DEEP status _____ (first offender, multiple offender, youth)

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| 6. Ethnicity | 36. Employment Status | 44-46. & 49 Route of Administration/Method | 49. Tobacco Products |
| 01 Not Hispanic or Latino 02 Puerto Rican 03 Mexican 04 Cuban 05 Other Specific Hispanic 06 Hispanic – Specific Origin Not Specified | 01 Full Time, >35 hours 02 Part Time, 17-34 hours 03 Irregular, <17 hours 04 Unemployed, sought work 05 Unemployed, has not sought work 06 Not in Labor Force - employable or working now | 00 Not Applicable 01 Oral 02 Smoking 03 Inhalation 04 Injection 05 Other | 00 None 10 About 1/2 Pack/Can/Pouch a Day 11 About 1 Pack/Can/Pouch a Day 12 About 1 1/2 Pack/Can/Pouch a Day 13 About 2 Packs/Cans/Pouches a Day 14 More than 2 Packs/Cans/Pouches a Day |
| 7. Race | 37. Primary Income Source | 44-46. Detailed Drug Codes | |
| 01 White 02 Black or African American 03 American Indian or Alaskan Native 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 Other 98 Unknown | 00 None 01 Wages 02 Retirement 03 Alimony 04 Food Stamps 05 TANF 06 SSI 07 Disability, other 08 Town Welfare 09 Child Support 10 Unemployment 11 Social Security 12 Dealing Drugs 13 Workers Comp 99 Other/Investment | Alcohol 0100 Alcohol Marijuana 0200 Marijuana 0250 Synthetic Cannabis (K2/Spice) Cocaine/Crack 0301 Cocaine 0302 Crack Heroin/Morphine 0401 Heroin 0402 Morphine Methadone 0500 Methadone (Non-Rx) Other Opiates and Synthetics 0601 Codeine 0602 D-Propoxyphene 0603 Oxycodone (Percodan) 0604 Oxycontin 0605 Meperidine HCL 0606 Hydromorphone 0607 Other Narcotic Analgesics 0608 Pentazocine 0609 Hydrocodone 0610 Tramadol 0611 Buprenorphine/Suboxon./Subutex PCP 0700 PCP or PCP Combination Other Hallucinogens 0801 LSD 0802 Other Hallucinogens Methamphetamine/Speed 0900 Methamphetamine/Speed Other Amphetamines 1001 Amphetamine 1002 Methylphenidate (Ritalin) 1003Methylenedioxymethamphetamine (MDMA, Ecstasy) Other Stimulants 1100 Other Stimulants 1809 Bath Salts Benzodiazepines 1201 Alprazolam (Xanax) 1202 Chlordiazepoxide (Librium) 1203 Clorazpate (Tranzene) 1204 Diazepam (Valium) 1205 Flurazepam (Dalmaine) 1206 Lorazepam (Ativan) 1207 Triazolam (Halcoin) 1208 Other Benzodiazepine 1209 Flunitrazepam 1210 Clonazepam (Klonopin, Rivotril) Other Tranquilizers 1301 Meprobarnate (Miltown) 1302 Other Tranquilizers Barbiturates 1401 Phenobarbital 1402 Secobarbital/Amobarbital (Tuinal) 1403 Secobarbital (Seconal) | Other Sedatives and Hypnotics 1501 Ethchlorvynol (Placidyl) 1502 Glutethimide (Doriden) 1503 Methaqualone 1504 Other Non-Barbiturate Sedatives 1505 Other Sedatives 1507 GHB/GBL 1508 Ketamine (Special K) Inhalants 1601 Aerosols 1602 Nitrites 1603 Other Inhalants 1604 Solvents 1605 Anesthetics Over the Counter 1700 Over the counter, General 1701 Diphenhydramine (Benadryl) Other 1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin) 1802 Other Drugs |
| 11. Referral | 38. Expected Payment Source | | |
| 01 Self 02 Family Member 03 Employer 04 Substance Abuse Professional – (Private Practice) 05 Substance Abuse Agency 06 Physician (Non-Substance Abuse Specialist) 07 Other Professional (Non-Substance Abuse Specialist) 08 DEEP (Driver Education/Evaluation Program) 09 Adult Protective Services, DHHS 10 Child Protective Services, DHHS 11 Substitute Care Services, DHHS 12 Probation/Parole, State of Maine 13 Correctional Facility, State of Maine 14 County Jails 15 Augusta/Bangor Mental Health Institute 16 Mental Health Agency 17 Friend 18 EAP 19 SAP 20 State/Federal Court 21 Formal Adjudication Process 22 Self-Help Group 23 Hospital 24 School 25 AIDS Outreach Worker 26 Community Probation, DSAT 27 Drug Court, DSAT 28 Network/JASAE 29 Juvenile Drug Court 30 Physician/PMP 31 Hospital/PMP 32 Law Enforcement (non corrections) | 00 None 01 SAMHS (OSA) 02 Human Services (other than Child, Adult protective) 03 Corrections 04 Human Services (Adult or Child Protective) 05 Self Pay 06 MaineCare (Medicaid) 07 Medicare 08 Blue Cross/Blue Shield 09 HMO 10 Other Private Health Insurance 11 Town Assistance 12 Workers' Compensation 13 Veterans' Administration 99 Other | | |
| | 39. Insurance Type | | |
| | 01 Private Insurance 02 Blue Cross/Blue Shield 03 Medicare 04 MaineCare (Medicaid) 20 Other (e.g. TRICARE) 21 None | | |
| | 40. Living Arrangements | | |
| | 01 Independent Living, Alone 02 Independent Living, w/others 03 Dependent Living, w/others 04 Homeless 10 Local Jail or Correctional facility 11 State Correctional facility | | |
| | 41. Marital Status | | |
| | 01 Never Married 02 Now Married/cohabitating 03 Separated 04 Divorced 05 Widowed | | |
| 33. Times Attended Self-Help In Past Month | 43. Children | | |
| 01 No attendance 02 1-3 times 03 4-7 times 04 8-15 times 05 16-30 times 06 Some attendance, freq. unknown 97 Unknown | 01 With the Client 02 Spouse/Other Parent 03 Grandparents/Relatives 04 Friends 05 Babysitter/Caregiver 06 Temporary Foster Care 07 Other | | |
| 34. Times Gambling | | | |
| 0 1-2 3-9 | 10-19 20-39 40 or more | | |
| | | 50. Legal Status | |
| | | 00 No Legal Involvement 01 Probation/Parole 02 Furloughed 03 Awaiting Court 04 Serving Sentence (Jail/Prison) 05 Formal Adjudication 06 Drivers License Revocation (Not DEEP Involved) | |